KANSAS DEPARTMENT OF AGRICULTURE DIVISION OF WEIGHTS AND MEASURES

P.O. Box 19282, Building 282 - Forbes Field

Topeka, Kansas 66619-0282 PH: (785) 862-2415 FAX: (785) 862-2460

LICENSE APPLICATION

Application for a license for a service company to test weighing or measuring devices. **Separate applications must be filed for each place of business.** The license will include authority to remove rejection and out-of-service tags placed on devices by the State and City jurisdiction Weights and Measures officials; authorizes service companies to place "in service" newly installed devices (<u>only devices with an NTEP Certificate of Conformance</u>). The licensee may also perform annual testing as required by Kansas Law.

| Check Type of Busir | ness: | | | | | | |
|---|---|-----------|-------------|----------|---------|--|--|
| SCALE TESTING | Vehicle | Livestock | Hopp | er | | | |
| | Miscellaneous_ | | | | | | |
| SCALE REPAIR | Vehicle | Livestock | Норр | er | | | |
| | Miscellaneous | | Retail Comp | ıting | | | |
| METER TESTING | Refined Fuel Dispe Bulk Meters (Whol | | VTM | LP | - | | |
| METER REPAIR | Refined Fuel Dispe Bulk Meters (Whol | | VTM | LP | - | | |
| Does your company test only your own equipment or facilities? Yes No Does your company repair only your own equipment or facilities? Yes No | | | | | | | |
| Does your company test repair only non-commercial devices? Yes No | | | | | | | |
| DO VOU WICH V | OUD NAME TO | ADDEAD ON | A LICT OF I | ICENSED | CEDVICE | | |
| DO YOU WISH YOUR NAME TO APPEAR ON A LIST OF LICENSED SERVICE COMPANIES DISTRIBUTED TO POTENTIAL USERS OF YOUR SERVICES? Y or N | | | | | | | |
| DO YOU WISH YO | | | | | | | |
| Enclose \$100.00 with this license application (scale or meter). License expires June 30th of each year. Your cancelled check and the issued license will serve as your receipt. *********************************** | | | | | | | |
| | | Date_ | | , 2 | 0 | | |
| Company Name | | | | | | | |
| Mailing Address | | | | | | | |
| Street Address | City | State | | Zip Code | : | | |
| | City | State | | Zip Code | | | |
| Phone Number (| _) | FAX N | umber () | | | | |

Toll-Free Number (______ E-Mail Address______

LICENSE APPLICATION

| now many registered 1 | How many REGISTERED TECHNICIANS do you have at this location? | | | | | |
|--|--|------------------|--|--|--|--|
| List <u>names</u> and <u>home addres</u> | Reg. Card <u>Expires</u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | use additional sheet if necessary) | | | | | |
| TESTING EQUIPMENT: | | | | | | |
| ATTACH CERT | IFICATION REPORT WITH APPLICA | TION | | | | |
| Small Weight Kits | (Small Capacity Scale Test | ing) | | | | |
| To Whom Assigned | | | | | | |
| | | | | | | |
| | | | | | | |
| Weight Trucks | Total Weight of Test Weights per Vehi | cle | | | | |
| (Number) | Gross Weight Per Vehicle (Buildups) | | | | | |
| Provers | Size of Provers in Gallons | | | | | |
| (Number) | | | | | | |
| Date weights and provers wer To be certified every 365 de | | | | | | |
| | • / | | | | | |
| Certified by whom: Must be a NIST Approved | Laboratory) | | | | | |
| Do wou hove a symment issue a | f NICT Handbook 449 Vac No | | | | | |
| • | of NIST Handbook 44? Yes No and from the U.S. Government Bookstore, Ban | nister Mall, 560 | | | | |
| Bannister Road, Kansas City, | MO 64137, Telephone No. (816) 765-2256, or b | | | | | |
| Conference on Weights and N | Aeasures. | | | | | |

All technical representatives for scales and meters are required to attend a training school and pass a written examination.

LICENSE APPLICATION

"I hereby agree that if this application is approved and the license is granted, we will not remove rejection tags from a device <u>unless the device is in full compliance with Handbook 44, is accurate, and meets all Kansas Requirements</u>, nor issue a) <u>Device Installation Report (DI-701</u> on new equipment that does not have an NTEP Certificate of Conformance. Test reports must be received within <u>10</u> days at the Weights and Measures Office. Device Installation Reports must be submitted with the test report."

"No person in my employ will be allowed to inspect or test weighing or measuring devices unless they are registered technicians. I further agree that the Kansas Department of Agriculture may suspend or revoke my license for good cause, **WHICH MAY INCLUDE DECEPTIVE BUSINESS PRACTICES**, after a hearing thereon. Should my license be suspended or revoked, I will surrender it immediately to the Weights and Measures Office..

I FURTHER AGREE THAT A DECAL OR SEAL WILL BE PLACED ON EACH DEVICE SHOWING NAME OF SERVICE COMPANY AND DATE OF TEST."

| | | Name of Owner or Manager |
|---------------------------------|-----------|---------------------------------|
| | | Official Signature |
| ********* | ****** | ***************** |
| <u>]</u> | DO NOT WI | RITE IN THIS SPACE |
| The weights or measures to be | - | above company were certified on |
| | | State Metrologist |
| The application for license is: | Approved_ | Rejected |
| Dated | | |
| | | Director |
| License Number Issued | | Date Issued |